

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/069902

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
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49		/				
50		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52		/				
53	/					
54		/				
55		/				
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57		/				
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97		/				
98		/				
99		/				
100		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						